



SARATOGA COUNTY DEPARTMENT OF PERSONNEL
40 McMASTER STREET, BALLSTON SPA, NEW YORK 12020
885-2225

APPLICATION FOR
EXAMINATION OR EMPLOYMENT

FOR COUNTY, CITY, TOWNS, VILLAGES and SCHOOL DISTRICTS

Exam Title and # _____
Insert above, Title of Position Applying For

Leave this space blank

Number
APPLICATION
Approved _____
Conditional _____
Disapproved _____

This application is part of your examination. **ANSWER ALL QUESTIONS FULLY AND CAREFULLY.** Print in ink or use typewriter. Attach additional sheets if necessary in order to give complete and detailed information. All statements are subject to verification.

1. NAME, MAILING ADDRESS AND PHONE (Please print)

LastFirstM.I.

Street Address

City or Post OfficeStateZip Code

Phone (Include Area Code)

Email Address

2. SOCIAL SECURITY NUMBER

3. Are you under 18 or over 65 years of age?

YesNo

Mo. Day Year

If yes or if minimum and/or maximum age limits are established enter your birth date here. Check exam announcement.

4. State your actual permanent legal residence and indicate for how long you have resided there continuously, up to and including date of this application.

School DistrictVrs.Mos.

Village or City of

Town of

County of

State of

5. Check appropriate box to the right of each question:

A. Were you ever dismissed or discharged from any employment for reasons other than lack of work or funds?

YesNo

B. Have you ever been convicted of any crime (felony or misdemeanor)?

YesNo

If "Yes", give particulars and disposition of each charge on separate sheet and attach same.

A conviction is not an automatic bar to employment. Each case is considered on its individual merits.

NONE OF THE ABOVE CIRCUMSTANCES REPRESENTS AN AUTOMATIC BAR TO EMPLOYMENT. EACH CASE IS CONSIDERED AND EVALUATED ON INDIVIDUAL MERITS IN RELATION TO THE DUTIES AND RESPONSIBILITIES OF THE POSITION(S) FOR WHICH YOU ARE APPLYING.

6.

A. Are you currently a U.S. Citizen?

YesNo

B. If not, do you have the legal right to accept employment in the United States?

YesNo

C. Are you a retiree from New York State or any civil division thereof?

YesNo

D. Are you an exempt Volunteer Fireman?

YesNo

7. Have you ever served in the Armed Forces of the United States on a full time active duty basis - other than active duty for training purposes? If not: omit 8-11.

YesNo

8. If "Yes" did you receive a discharge that was honorable or were you released under honorable circumstances?

YesNo

9. I served on an active duty basis other than active duty for training purposes during one or more of the following Time of War periods.

YesNo

In The Armed forces:

* Aug. 2, 1990 to the date when the Persian Gulf hostilities ends;

* Dec. 22, 1961 to May 7, 1975;

* June 27, 1950 to Jan 31, 1955;

* Dec. 7, 1941 to Dec. 31, 1946;

or earned the armed forces, navy, or marine corps expeditionary medal for service in:

* (Panama) Dec. 20, 1989 to Jan. 31, 1990;

* (Lebanon) June 1, 1983 to Dec. 1, 1987;

* (Grenada) Oct. 23, 1983 to Nov. 21, 1983;

or in the U.S. Public Health Services:

* June 26, 1950 to July 3, 1952;

* July 29, 1945 to Sept. 2, 1945.

10. Veterans Credits. Do you claim additional credits on this examination as an honorably discharged veteran?

Yes, as a disabled war veteran

Yes, as a non-disabled war veteran

No.

11. Since January 1, 1951, have you ever used additional credits as a disabled or non-disabled veteran for appointment to any position in the public employment of New York State or any of its civil divisions?

YesNo

NOTE: When filling out your application form, check to make sure that all questions have been answered. An incomplete application may result in its disapproval. A resume may not be substituted.

12. Student Loans. Are you currently in default on any outstanding student loan(s) made or guaranteed by the New York State Higher Education Services Corporation?

YesNo

THIS AFFIRMATION MUST BE COMPLETED

I affirm that the statements made on this application (including any attached papers) are true under the penalties of perjury.

Signature of Applicant

Date

Check box below if you desire special status because you are a:

Sabbath Observer - For religious reasons cannot be tested on Saturdays.

Handicapped Person - Under REMARKS, indicate type of assistance required.

Have you any objections to this department making inquiry regarding your character and qualifications?

REMARKS:

The New York State Human Rights Law prohibits discrimination in employment because of age, race, creed, color, national origin, sex, disability, marital status or criminal record. Accordingly, nothing in this application form should be viewed as expressing, directly or indirectly, any limitation, specification or discrimination as to age, race, creed, color, national origin, sex, disability, marital status or criminal record in connection with employment in the municipal service of the County of Saratoga.

13. EDUCATION. If credit is claimed for partially completed college curriculum or correspondence course, attach a list of courses and credits or semester hours completed. Indicate how many credit hours or courses are required for graduation. DO NOT send transcripts unless required by announcement.

Have you graduated from high school?

Yes

No

[]

[]

If no, give highest grade completed

If yes, give name and location of high school

If you have a high school equivalency diploma indicate issuing Government Authority:

Number and/or Date of Issue

	Name of school and City in which located	Date of attendance (Month and Year)		Day or Night	Full or Part Time	No. of Years Cred ited	Were You Gradu- ated?	Type of Course or Major Subject	No of College Credits	Degree Received	Date of Degree
		From	To								
College, University Professional or Technical School											
Other Schools or Special Courses											

14. Do you have a valid license to operate a motor vehicle in New York State? Yes [] No []

A. IF YES, GIVE THE FOLLOWING:

Class:

Number:

Date of expiration:

B. LICENSES

If a license, certificate or other authorization to practice a trade or profession is listed as a requirement on the announcement of the examination(s) for which you are applying, complete the following. (If not currently licensed, check this box [])

Name of Trade or Profession	License Number	Granted by (Licensing Agency)	City or State of
Specialty	Date License First Issued	Registered From	To

EXPERIENCE: Describe under the heading given below any employment or occupation you have ever had which includes experience that tends to qualify you for the position sought, and as far as possible, every other employment, including war service. Begin with your most recent employment and work back consecutively to your first one. Applicants may be required to furnish satisfactory proof of experience claimed.

Length of Employment	Firm Name	Address	City and State
To: Mo. Yr.	Type of Business	Your Title	Name and Title of Immediate Supervisor
Length of Employment	DUTIES: Describe the nature of the work personally performed by you, with estimated percentage of time on each type of work. State size and kind of working force, if any, supervised by you and extent of such supervision.		
From: Mo. Yr.			
Totals: Years Mos.			
Monthly Salary Min.			
Max. Last			
Total Hrs.			
Per Week Hrs.			
Reason for Leaving			

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IF MORE SPACE IS REQUIRED, USE ADDITIONAL SHEETS ARRANGED IN THE SAME MANNER. ATTACH SUCH SHEETS AT TOP OF PAGE.